

**SECRET**  
(When Filled In)

<b>PERSONALITY (201) FILE REQUEST</b>				NOTE: Consult the 201 Control System Reference Manual before completing this form. Form must be typed or printed in block letters.			
TO: RID/Int Section				DATE: 6/5/79		ACTION: <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE	
FROM: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (EF/G/L)				ROOM NO. 2209		TELEPHONE 528	
<b>SECTION I</b>							
SENSITIVE <input type="checkbox"/> NON-SENSITIVE <input checked="" type="checkbox"/>		1. 201 NO. <input type="checkbox"/> <input type="checkbox"/>		SOURCE DOCUMENT: Attn to EGNA-8598			
NAME (Last): FALASCH, Wilhelm		(First):		(Middle):		3. SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
NAME VARIANT: (Last) (First) (Middle) (Title)							
<div style="text-align: right; padding-right: 50px;">           DECLASSIFIED AND RELEASED BY            CENTRAL INTELLIGENCE AGENCY            SOURCES METHODS EXEMPTION 3028            NAZI WAR CRIMES DISCLOSURE ACT            DATE 2002 2008         </div>							
4. PHOTO: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5. BIRTH DATE: 04/12/96		6. COUNTRY OF BIRTH: GERM		7. CITY OR TOWN OF BIRTH: Hannover/Linden	
8. CITIZENSHIP: West Germany				9. OTHER IDENT CODE: 1. UB 2. 3.			
OTHER IDENTIFICATION: (BfV) Federal Internal Security Service - Nordrhein-Westfalen				OCC/PDS CODE: INZH			
OCCUPATION/POSITION: Current Staff - Hdqrs.							
<b>SECTION II</b>							
CRYPTONYM:				PSEUDONYM:			
<b>SECTION III</b>							
10. COUNTRY OF RESIDENCE: WGER		11. PRIMARY DESK INTEREST: EF/G/L		12. 2ND COUNTRY INTEREST:		12A. 3RD COUNTRY INTEREST:	
COMMENTS: Considered for employment as Auxiliary Personnel (Freie Mitarbeiter) with Covert BfV Field Offices.  Subject a retired Criminal Police  <div style="font-family: monospace; font-size: 1.2em;">           EGGA - 77777            EGNA - 465            EGNA - 3598         </div>							
PERMANENT CHARGE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		RESTRICTED FILE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			

FORM 831 USE PREVIOUS EDITIONS.  
12-58

**SECRET**

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